

DEC 18 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41119

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township BluePrimary Registration District No. 3019City Independence (No. Indep. Sanitarium)

File No.

Registered No. 366

St. Ward)

2. FULL NAME

(a) Residence, No. 422 So. Becker St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Simpson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 18727. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 13OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. project
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Quarry #4
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba no13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mrs. Maggie Simpson (ADDRESS) Indep. mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE 11-20 193619. UNDERTAKER GEORGE C. CARSON (ADDRESS) Indep. mo.20. FILED 11-23-1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 193622. I HEREBY CERTIFY, That I attended deceased from 11-18 1936, to 11-18 1936.I last saw him alive on 11-18 1936. Death is saidto have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance were as follows:

Binary Curhosis Date of onset 01-1-36Other contributory causes of importance
Obstruction of coronary duct, from atherosclerosis 6 or 8 weeks agoName of operation exchange of gall bladder Date of Nov. 9-1936
What test confirmed diagnosis Biopsy - chronic Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury:, 19.....
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W. H. Miller M. D.(Address) Independence Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

